

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768932

(6)

1. Corporation Name

PORT CARLOS COVE, INC.



Principal Place of Business

**1802 MAIN STREET
FORT MYERS BEACH FL 33931**

Mailing Address

**1802 MAIN STREET
FORT MYERS BEACH FL 33931**

3. Date Incorporated or Qualified
06/15/1983

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COTTER, RICHARD T.
6100 ESTERO BLVD
FORT MYERS FL 33902**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME
FEEHAN, JOAN
STREET ADDRESS
67 CORTEZ WAY
CITY-ST-ZIP
FT MYERS BEACH FL 33931**

TITLE ☐ DELETE

**D
NAME
OTOCKI, JOSEPH
STREET ADDRESS
83 BLACKBEARD WAY
CITY-ST-ZIP
FT MYERS BEACH FL 33931**

TITLE ☐ DELETE

**D
NAME
WALTER, JOHN
STREET ADDRESS
139 GARCIA WAY
CITY-ST-ZIP
FT MYERS BEACH FL 33931**

TITLE ☐ DELETE

**S
NAME
ANDERSON, CHARLES
STREET ADDRESS
84 BLACKBEARD WAY
CITY-ST-ZIP
FT. MYERS BEACH FL**

TITLE ☐ DELETE

**P
NAME
SELLERS, PEGGY J
STREET ADDRESS
89 BLACKBEARD WAY
CITY-ST-ZIP
FT MYERS BEACH FL 33931**

TITLE ☐ DELETE

**ATS
NAME
TRIPLEHORN, BEVERLY
STREET ADDRESS
144 BARBADOS WAY
CITY-ST-ZIP
FT. MYERS BEACH FL**

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Asst. T. R. Hen

3/24/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)